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ABSTRACT

This document provides guidelines for preferred practice for the Child Identification Process for Colorado children, birth through five years of age. The guidelines were developed to be flexible and adaptable in support of individual community needs and in recognition of the variable resources throughout the state; however, the basic underlying assumptions and principles are considered critical to quality early intervention. The guidelines focus on process versus product, recognizing the value of parent driven choices, honoring diversity, recognizing that partnerships encompass families, interdisciplinary teams and community members, individualizing the process for the child, family and community, and obtaining family feedback for accountability. The Child Identification process includes three distinguishable procedures: the Community Screen, Individualized Screen, and Evaluation Process. In each section, the purpose of the procedure is outlined, and a basic assumption is explained. Components to be included in each process are found on the left side of the page, with "how to's" for implementation on the right side of the page. Throughout the document, information is provided that reflects sensitive practices to be supported. The document closes with answers to frequently asked questions on the Child Identification Process. (CR)

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COLORADO

CHILD IDENTIFICATION PROCESS

BIRTH - FIVE YEARS

SCREENING AND EVALUATION PROCESS GUIDELINES

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Colorado Child Identification Process

Birth - Five Years

Screening and Evaluation Process Guidelines

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INTRODUCTION

In Colorado, a variety of early childhood care- and education-related programs have the responsibility to locate and identify children who may have developmental and health related needs. Recent federal and state early childhood initiatives have placed a greater emphasis on the need for collaborative efforts to develop quality comprehensive child identification processes for families throughout Colorado. As a result, many questions have emerged from the field across disciplines and agencies regarding appropriate screening and evaluation procedures. To help address these questions, the Child Find Project, funded by the Colorado Department of Education (CDE), formed a committee comprised of practicing professionals representing various disciplines, parents, Child Find, and community centered board staff, health and university personnel, as well as CDE staff consultants. The committee has met over the past year to formulate guidelines for screening and evaluation procedures. The guidelines represent the combined thinking of many individuals and are based on a critical review of the current literature (see appendix) while keeping in mind the values outlined in the *Child Identification Process, Birth-Five Years, Effectiveness Indicators.*

Several drafts were developed and revised based upon input from parents and practicing professionals from education and health related fields at a variety of inservices and conferences. In addition, specific parent focus groups were used to obtain feedback from parents regarding the suggested practices. What has emerged from this dynamic, thoughtful process reflects a shift of attitudes and beliefs from child-centered to family-centered practice as the cornerstone for the Child Identification Process.

INTENT

The intent of this document is to provide guidelines for preferred practice for the Child Identification Process for children birth though five years of age. The procedures outlined are **not** intended to be rules or mandated procedures but rather to serve as goals for service providers. The *guidelines* were developed to be flexible and adaptable in support of individual community needs and in recognition of

the variable resources throughout the state. However, the basic underlying assumptions and principles are considered critical to quality early intervention; thus, exploring ways to incorporate these guidelines into a community's child identification effort is highly desirable.

COMMON THREADS

As you read this document, you will note several common threads which serve to ensure consistency and compatibility throughout the process. These include:

- a focus on process versus product
- recognizing the value of parent driven choices
- honoring diversity in terms of language, ethnicity, culture, family structure and preference
- recognizing that partnerships encompass families, interdisciplinary teams and community members
- individualizing the process for the child, family and community
- obtaining family feedback for accountability

These common threads or values provide a framework around which the *guidelines* were developed.

REVIEW OF COMMUNITY SCREEN, INDIVIDUALIZED SCREEN AND THE EVALUATION PROCESS

OVERALL FORMAT

As seen in the diagram depicting the Child Identification Process there are three distinguishable procedures identified: the Community Screen, Individualized Screen and Evaluation Process. Each are distinguishable due to the primary purpose of each procedure. In each section the purpose of the procedure is outlined as well as a basic assumption. Components to be included in each procedure are found on the left side of the page, with "how to's" for implementation on the right side of the page. The

common threads, mentioned above, are found throughout the procedures so that in some instances specific activities described within each section look the same. This was done due to the fact that a child and family may enter the process at any point without needing the entire previous procedure. Yet some activities, such as a vision and hearing screen, cannot be overlooked. Thus that information can be found in each section. Likewise, information placed in "boxes" reflects sensitive practices to be supported throughout the process and is therefore repeated in each section. Children are not expected to go through all three procedures, but due to the nature of individual situations this may sometimes occur. Each child's previous screening and/or evaluation information, which may be available from a variety of sources, should be considered to determine the appropriate next step.

COMMUNITY SCREEN

The Community Screen is meant to be easily accessible to all members of the community. It is a means of identifying children with potential delays or disabilities. It is also a means of providing information to families and establishing linkages to natural community supports available to them. It is not meant to be synonymous with "mass screening" but rather a description of a process that can be planned and implemented by community members in a variety of ways.

INDIVIDUALIZED SCREEN

The Individualized Screen is still a screening process but serves a different purpose and suggests a different process. It is intended for those children who have been identified as having a concern, but available information may not warrant a referral for an evaluation. This screening process uses a team approach and is more family-centered than the Community Screen by including a family member as a key participant on the team. Due to the complex relationship among developmental areas of the birth through five year population, it is recommended that input from the parents and two professionals from different disciplines is essential to develop a clear picture of the child's strengths and needs. Once again, there is flexibility in the way that team members may participate recognizing differences in the

availability of resources and time constraints. This interim step may not be used for all children but will hopefully serve as a more family-friendly option for families and professionals in order to use resources effectively.

EVALUATION PROCESS

The Evaluation Process is meant to be just that--*a process.* One which includes collaborative teaming among families and professionals to meet the individual needs of the child and family. The Evaluation Process is used to gather enough information about the child's development and the family's resources, priorities and concerns to develop an array of service and support options to enhance the child's development. This process will also assist in determining what programs a child may be eligible for. The Evaluation Process culminates in the development of an individualized plan that addresses the needs of the child within the context of the family.

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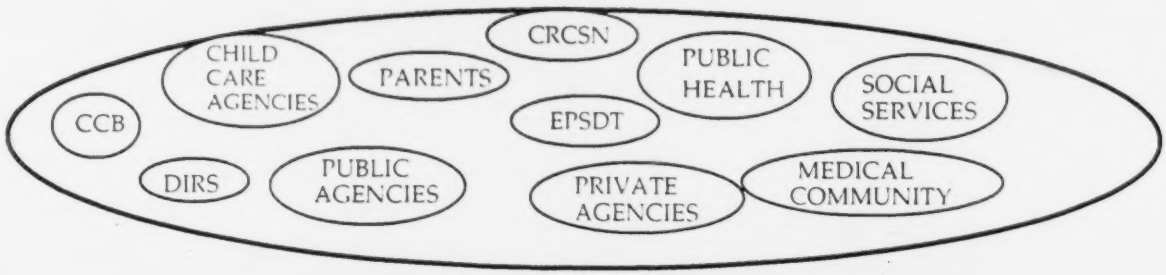
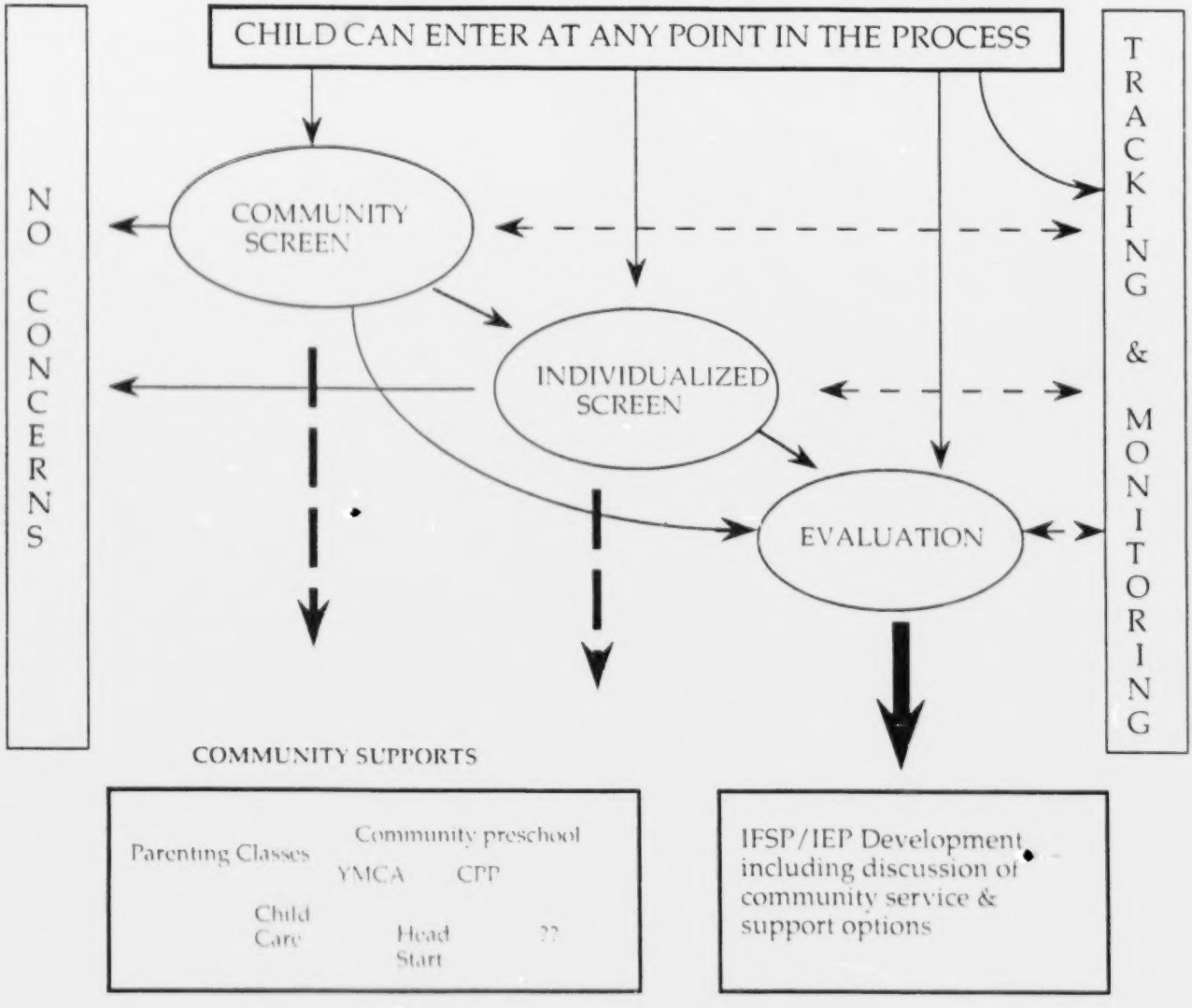
CHILD IDENTIFICATION PROCESS FLOW CHART

REFERRALS





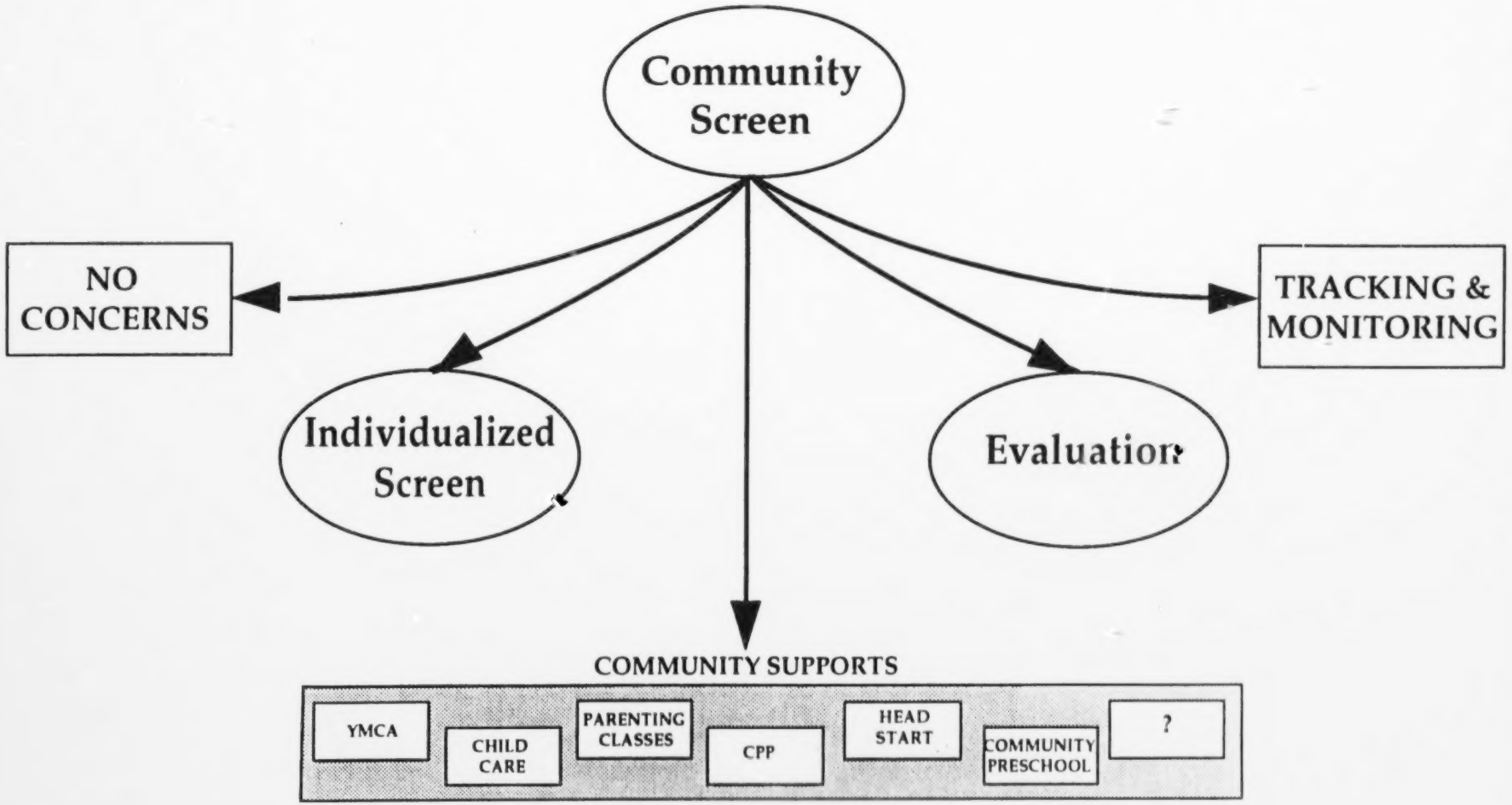
children determined not eligible/appropriate for special services under Colorado's Infant/Preschool definition but may be in need of community services and supports

children determined to have no significant needs at the time of screening/evaluation, but who may be at risk for demonstrating delays at a later date

children eligible /appropriate for service under Colorado's Infant/Preschool definition

Colorado Department of Education
CHILD IDENTIFICATION PROCESS

COMMUNITY SCREEN



COLORADO DEPARTMENT OF EDUCATION
CHILD IDENTIFICATION PROCESS -- BIRTH-5 YEARS
GUIDELINES
COMMUNITY SCREEN

PURPOSE OF THE COMMUNITY SCREEN

A Community Screen is a child-centered process that encourages family involvement. The process is open and easily accessible to all members of the community, and screens children in all areas of development to:

1. enhance information-sharing related to child development and parenting practices
2. enhance child and family linkages with public and private community services and supports
3. identify children with potential delays/disabilities for whom re-screening or evaluation is a reasonable next step.

BASIC ASSUMPTION OF COMMUNITY SCREEN

A Community Screening process is to be planned and implemented by an interagency group to maximize the utilization of local community resources and to ensure non-duplication of screening efforts. The screening process respects the family and the family's cultural background. A variety of screening strategies can be used for implementation (i.e., children come to a screening; personnel go to a preschool/child care setting; screenings are done as part of a health fair; etc.)

SCREENING COMPONENT	IMPLEMENTATION
	The process of requesting information from a family member will ensure: - minimum intrusiveness for the child and family - careful consideration of the need for the types of information being requested - respect for the choice to provide or not to provide information requested

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1. Screening personnel interact with a family member to clarify the screening process **and** to obtain input regarding questions/concerns about the child.

1A. If the parent/legal guardian is not present at the screening, the parent must be notified prior to screening.

1B. Screening personnel clarify the purpose of the community screen.

1C. An interview or written documentation must be used to identify issues important to the family member including:
   a. expectations of the screening process
   b. perceptions of child's strengths and developmental needs
   c. family concerns and priorities

1D. The family member chooses the extent of their involvement in the screening process.

---

2. The screening process continues, which includes:
   A. a brief health/birth/ developmental history

2A. **Brief Health History**
   AND
Brief Birth History
   AND
Brief Developmental History

Use of:
1. interview process
   or
2. written checklist
   or
3. health/birth records

B. hearing and vision screen
(as age-appropriate)

2B. **Hearing Acuity** using screening instruments appropriate for child's age level (see chart at the end of this section)

1. Child Screened
   or
2. Written documentation of prior testing within six months or more recently depending on medical history

AND

Middle Ear Functioning (children of all ages)
(see chart at the end of this section)

1. Child Screened
   or
2. Written documentation of prior testing within six months or more recently depending on medical history

AND

General Vision using screening instruments appropriate for child's age level (see chart at the end of this section)

1. Child Screened
   or
2. Written documentation of prior testing within six months or more recently depending on medical history

AND

Vision Acuity (2-1/2 yr. & older) using screening instruments appropriate for child's language level
(see chart at the end of this section)

1. Child Screened
   or
2. Written documentation of prior testing within six months or more recently depending on medical history

C. developmental screening in all areas of development, which includes:
-cognition
-communication
-motor
-social/emotional
-self-help skills

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The screening process will respect the family's background by:

a. considering diverse values, including cultural differences and child-rearing practices, in test administration and interpretation
b. interacting with the child and family in their primary language
c. considering the standardization sample upon which the selected screening instrument is based

If an appropriate instrument is not available, alternative screening techniques need to be used (i.e., informal screening methods, professional judgement, etc.)

2C. Developmental screening may be completed by:

a. a standardized screening instrument* administered to the child

OR

b. a standardized parent inventory of child development* completed by or with the family member caregiver (if child is not present when inventory is being completed, a hearing and vision screen must still be completed)

* see shaded box

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3. Feedback is shared.

3A. **Feedback must include:**

a. strengths and needs of the child
b. community services and supports available
c. information and materials regarding general child development and parenting skills
d. options of time, dates, and locations for children who need further testing
e. information about periodic screening procedures

3B. **Methods for explaining screening results:**

a. If a family member is present:

verbal report
or
written report
or
both written and verbal report

b. If a family member is **not** present (i.e., screening completed at a child care center):

a. if no concerns are identified, a brief written report is adequate

b. if concerns are identified, a written report **must include** a sensitive explanation and interpretation of concerns identified **and** information regarding options for follow-up procedures

4. Feedback is requested from the family member regarding the screening process.	4A. A questionnaire **or** verbal feedback is used to obtain information regarding the family member's perception of such things as: a. a family friendly process (i.e., time of day, accessability, climate, etc.) b. timeliness c. expectations met d. comfort of setting e. personnel involved

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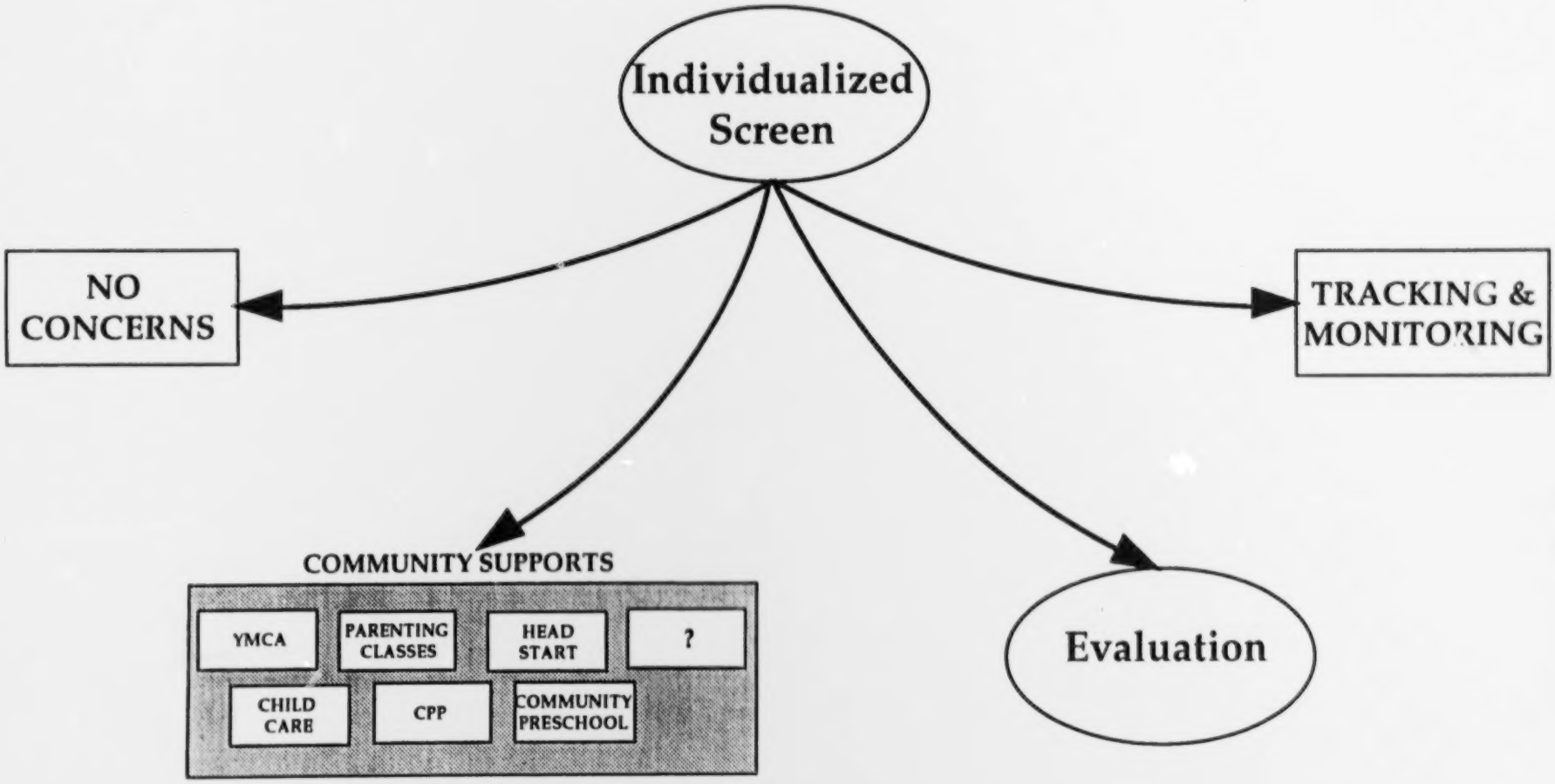
HEARING AND VISION[1] SCREENING CHART		
FUNCTION	AGE OF CHILD	SCREENING INSTRUMENTS/METHOD
HEARING ACUITY (Choose one.)	6 mo. to 2 1/2 yrs.	Visual Reinforcement Audiometry (VRA)
	2 1/2 yrs. to 5 yrs.	Audiometer or VRA
MIDDLE EAR FUNCTIONING	Children of all ages	Tympanometer
GENERAL VISION	Children of all ages	Light Perception
	Children of all ages	Corneal Light Reflex
	6 mos. to 2 1/2 yrs.	Fixation
	6 mos. to 5 yrs.	Strabismus (Cover Test)
VISION ACUITY[2] (Choose one.)	27 mos. to 30 mos.	Lave Symbol Chart
	2 1/2 yrs.	Allen Picture Cards/DDST
	3 yrs. to 5 yrs.	Snellen "E" Test
		Home Eye Test for Preschoolers
		Blackbird Preschool Vision System
		HOTV or Matching Symbol

[1] See Appendix for details on administration of hearing and vision screening instruments.

[2] For children 2 1/2 years or older, depending on the child's language level. The instrument used should be chosen based upon an estimate of the child's developmental language age, not the chronological age.

Colorado Department of Education
CHILD IDENTIFICATION PROCESS

INDIVIDUALIZED SCREEN



COLORADO DEPARTMENT OF EDUCATION
CHILD IDENTIFICATION PROCESS--BIRTH-5 YEARS
GUIDELINES
INDIVIDUALIZED SCREEN

PURPOSE OF INDIVIDUALIZED SCREEN

An Individualized Screen is a family oriented process intended for those children who may be at higher risk for having a delay/disability. Children are screened in all areas of development to:

1) obtain a more complete picture of child and family strengths and concerns
2) enhance information sharing related to child development and parenting practices
3) enhance child and family linkages with public and private community services and supports
4) determine the child's need for evaluation

BASIC ASSUMPTION OF INDIVIDUALIZED SCREEN

The Individualized Screen is intended to be more in-depth than a Community Screen but not as in-depth as the evaluation process, in terms of instruments used and professionals involved. The Individualized Screening process utilizes a team approach and respects the family and the family's cultural background.

SCREENING COMPONENT	IMPLEMENTATION
	The process of requesting information from the parent will ensure: - minimum intrusiveness for the child and family - careful consideration of the need for the types of information being requested - respect for the choice to provide or **not** to provide information requested - precautions are taken not to duplicate previously obtained information and screening results

1. The parent and professionals interact to begin/continue the process of developing a family/professional partnership.

1A. Families and professionals create an atmosphere of mutual trust and respect and develop rapport by:

a. sharing information regarding the screening process to promote informed decision making
b. discussing and planning together for the extent of family involvement; parents choose the extent of their involvement
c. identifying a mutual purpose for the screening process

1B. Begin the ongoing process of identifying family priorities, concerns, and goals.

1C. Recognize, promote, and support families as primary decision-makers throughout the child identification process.

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2. The screening process continues, which includes:
   A. gathering health/birth/ developmental history

2A. **Brief Health History**
AND
Brief Birth History
AND
Brief Developmental History

Use of:
1. interview process
   or
2. written checklist
   or
3. health/birth records

B. obtaining hearing and vision screen(as age appropriate)

2B. **Hearing Acuity** using screening instruments appropriate for child's age level (see chart at the end of this section)

1. Child Screened
   or
2. Written documentation of prior testing within six months or more recently depending on medical history

AND

Middle Ear Functioning(children of all ages) (see chart at the end of this section)

1. Child Screened
   or
2. Written documentation of prior testing within six months or more recently depending on medical history

AND

General Vision using screening instruments appropriate for child's age level (see chart at the end of this section)

1. Child Screened
   or
2. Written documentation of prior testing within six months or more recently depending on medical history

AND

Vision Acuity(2-1/2 yr. & older) using screening instruments appropriate for child's language level (see chart at the end of this section)

1. Child Screened
   or
2. Written documentation of prior testing within six months or more recently depending on medical history

C. screening the child in all areas of development which includes: cognition; communication; motor; social/emotional; self-help skills

The screening process will respect the family's background by:

a. considering diverse values including cultural differences and child-rearing practices in test administration and interpretation
b. interacting with the child and family in their primary language,
c. considering the standardization sample upon which the selected screening instrument is based.

If an appropriate instrument is not available or use of a standardized instrument would not be appropriate in a particular circumstance, informed clinical opinion may be used alone as an adequate option for interpreting the child's development.

2C-1. The screening team consists of:

a. the parent who is an active member of the screening team and is encouraged to be present during the Individualized Screening process
b. two professionals knowledgeable in early childhood development and who are licensed/certified in their area(s) of expertise (see role clarification 2C-2b below)
c. additional individuals as needed/requested

2C-2. The screening team:

a. selects a standardized screening instrument (see shaded box) to determine:
   - strengths and concerns regarding the child's development
   - the need for further evaluation

b. decides how the screening will be conducted by determining
   - the level of participation
   - which professional will administer the selected standardized instrument
   - the role of the additional professional team member (i.e., observe during the administration of the instrument; observe child in a different setting; interact with the child at some other time during the screening process).

3. The parent and professionals informally discuss, analyze, and synthesize all information gathered during the screening process to determine the appropriate next step.

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3A. If evaluation is recommended the parent and professionals discuss specific factors to be addressed for evaluation planning. Specific factors may include:

a. time of day best for child/family
b. length of time needed to complete evaluation
c. location (i.e. convenience for family; equipment needed by professionals
d. personnel needed (may be from a variety of disciplines and agencies)
e. types of instruments to be selected

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	3B. If evaluation is not recommended, the parent and professionals informally discuss screening results and next steps if needed. Next steps may include: a. parent education materials (i.e., child development; discipline techniques, etc) b. information on community services and supports c. option for re-screening 3C. Written information outlining screening results, recommendations, and next steps should be provided to all families whose child has participated in an Individualized Screen.
4. Feedback is obtained from the parent regarding the Individualized Screening process.	4A. Questionnaire or verbal feedback to obtain information regarding parent's perception of such things as: a. family friendly process (i.e., time of day; accessibility; climate; etc.) b. timeliness c. expectations met d. comfort of setting e. personnel involved

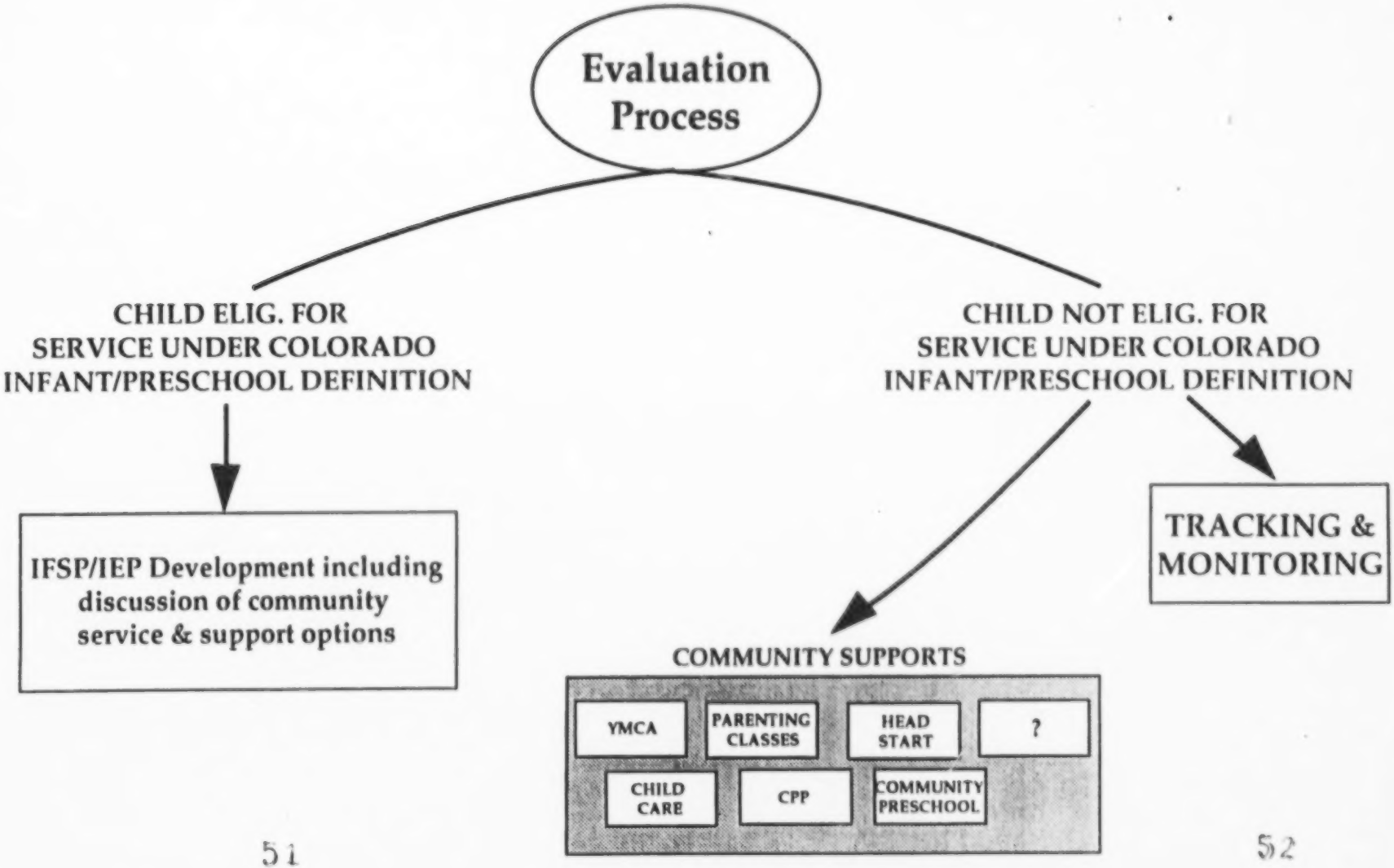
HEARING AND VISION[1] SCREENING CHART		
FUNCTION	AGE OF CHILD	SCREENING INSTRUMENTS/METHOD
HEARING ACUITY (Choose one.)	6 mo. to 2 1/2 yrs.	Visual Reinforcement Audiometry (VRA)
	2 1/2 yrs. to 5 yrs.	Audiometer or VRA
MIDDLE EAR FUNCTIONING	Children of all ages	Tympanometer
GENERAL VISION	Children of all ages	Light Perception
	Children of all ages	Corneal Light Reflex
	6 mos. to 2 1/2 yrs.	Fixation
	6 mos. to 5 yrs.	Strabismus (Cover Test)
VISION ACUITY[2] (Choose one.)	27 mos. to 30 mos.	Lave Symbol Chart
	2 1/2 yrs.	Allen Picture Cards/DDST
	3 yrs. to 5 yrs.	Snellen "E" Test
		Home Eye Test for Preschoolers
		Blackbird Preschool Vision System
		HOTV or Matching Symbol

[1] See Appendix for details on administration of hearing and vision screening instruments.

[2] For children 2 1/2 years or older, depending on the child's language level. The instrument used should be chosen based upon an estimate of the child's developmental language age, not the chronological age.

Colorado Department of Education
CHILD IDENTIFICATION PROCESS

EVALUATION PROCESS



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COLORADO DEPARTMENT OF EDUCATION
CHILD IDENTIFICATION PROCESS--BIRTH-5 YEARS
GUIDELINES
EVALUATION PROCESS

PURPOSE OF THE EVALUATION PROCESS

The process used by a team, including the family, to:

1) determine the child's current level of functioning, strengths and needs in all areas of development
2) identify the family's resources, priorities, and concerns
3) establish the child's eligibility for services
4) identify an array of public and private community service and support options (specialized and non-specialized resources), for the child and family, that will enhance the development of the child

BASIC ASSUMPTION OF THE EVALUATION PROCESS

It is important for parents and professionals to recognize that the "evaluation process" is much more than the administration of tests. In fact, in some instances it is not necessary to use testing instruments.* During the evaluation process, it is essential to gather information from multiple sources using a variety of procedures. No single test or procedure is sufficient. The synthesis and analysis of all information gathered will then contribute to an accurate holistic view of the child, within the context of the family.

*PLEASE NOTE: Standardized testing is required only when children are suspected of having a developmental delay or disability. Children who have categorical disabilities, such as deafness, blindness, physical disabilities, or diagnosed conditions associated with significant developmental delay can be determined eligible for special education services without the use of a standardized instrument. Procedures to determine level of child's functioning would still need to be completed to assist with progam planning.

EVALUATION COMPONENT	IMPLEMENTATION
	When requesting information from a parent, professionals will ensure: - minimum intrusiveness for the child and family - careful consideration of the need for the types of information being requested - respect for the choice to provide or not to provide information requested - precautions will be taken not to duplicate previously obtained information and testing results
1. The parent and professionals interact to begin/continue the process of developing a family/professional partnership.	1A. The initial evaluation process requires written permission from the parent and an explanation of parental rights and entitlements. 1B. Families and professionals create an atmosphere of mutual trust and respect and develop rapport by: a. sharing information regarding the evaluation process to promote informed decision making b. discussing choices (i.e., time, setting, team members) and planning together for the level of family involvement; parents may choose the extent of their involvement c. identifying a mutual purpose for the evaluation process 1C. Promote family participation throughout the process by: a. identifying family resources, priorities, and concerns, which is an ongoing process b. recognizing, promoting, and supporting families as primary decision-makers throughout the evaluation process.

2. Background information is gathered from multiple sources.

Parents give written permission for agencies to obtain their child's records.

2A. Multiple sources of background information may include:
- -the family
- -medical sources
- -child care/preschool providers
- -prior program involvement
- -other additional sources

2B. Information will include:
- birth/health history
- developmental history
- prior screening information
- prior evaluations
- hearing and vision status (child screened or written documentation of prior testing within six months or more recently depending on medical history)
- other information which reflects the child's current status

The evaluation process will respect the family's background by:

a. considering diverse values including cultural differences and child-rearing practices in test administration and interpretation
b. interacting with the child and family in their primary language
c. considering the standardization sample upon which the selected evaluation instrument is based.

If an appropriate instrument is not available or use of a standardized instrument would not be appropriate in a particular circumstance, informed clinical opinion may be used alone as an adequate option for interpreting the child's development.

3. As a team, the family and professionals interact to determine the child's total functioning in all areas of development (cognition, communication, motor, social/emotional, self-help skills), across a variety of settings, through the use of multiple evaluation strategies.

3A. When working with families, professionals develop a team style in which:

a. parents are viewed as active, participating team members (to the extent the family has chosen)
b. professionals from various disciplines and parents work collaboratively* throughout the evaluation process by providing opportunities for team members to contribute information relevant to their own area of expertise, as well as educating one another in the skills of their area of knowledge, so that all team members may contribute ideas/information which promotes a holistic view of the child
c. team members, over time, begin to develop an understanding of what child interactions need to be encouraged to meet the observational needs of other team members during the evaluation process
d. collaborative teaming among parents and professionals occurs throughout all phases of the process including: planning, evaluation, analysis and synthesis of evaluation results, and program planning

In this context collaboration is viewed as a developmental process, that occurs within teams over time. The level of collaboration occurs on a continuum from cooperative information sharing to a highly interactive process which is characterized by the minimizing of disciplinary boundaries among team members and a shared view of the child.

3B. The composition of the team is determined by the needs of the child and family and by the types of decisions to be made.

3C. Keeping in mind the holistic, multifaceted needs of the child (i.e., motor, communication, social-emotional, etc.) and family and the decisions to be made, the team selected must include a family member **and** professionals* from a variety of disciplines.

*PLEASE NOTE: A minimum of two professionals, (licensed/certified in their area of expertise), including those who represent the child's area(s) of concern, must participate on the evaluation team.

3D. The recommended format for the family-professional team is an arena-style process, the structure of which is:

a. a team member is identified as a primary facilitator who is responsible for encouraging child interactions, through play, that meet the observational needs of team members AND for administering a standardized instrument when appropriate*
b. other team members simultaneously observe and record the child's responses by use of a variety of techniques (i.e., observational techniques, language samples, event sampling, time sampling, running records, criterion-referenced checklists)
c. team members' roles remain flexible due to the changing needs of the child and/or other team members during the actual evaluation

PLEASE NOTE: Gathering additional specific information by a particular discipline may sometimes be necessary. Information gathered by an individual is to be shared with the family/professional team during the summary, analysis and planning process.

3E. Multiple evaluation strategies must include:

a. parent observations of the child

AND

b. at least one standardized instrument in the child's primary area of concern* (see shaded box)

AND

c. at least one other evaluation process (i.e., language sample; informal play observation, criterion-referenced instrument; developmental checklist)

PLEASE NOTE: It is important for parents and professionals to recognize that the "evaluation process" is much more than the administration of tests. In fact, in some instances it is not necessary to use testing instruments. During the evaluation process, it is essential to gather information from multiple sources using a variety of procedures. No single test or procedure is sufficient. The synthesis and analysis of all information gathered will then contribute to an accurate holistic view of the child, within the context of the family.

AND

Standardized testing is required only when children are suspected of having a developmental delay or disability. Children who have categorical disabilities, such as deafness, blindness, physical disabilities, or diagnosed conditions associated with significant developmental delay can be determined eligible for special education services without the use of a standardized instrument. Procedures to determine level of child's functioning would still need to be completed to assist with progam planning.

3F. Hearing and vision screening/testing needs to be completed:

a. child screened

or

b. written documentation of prior screening within six months or more recently depending on medical history

c. if screening indicates, further hearing or vision testing needs to be completed

	3G. At the conclusion of the evaluation process, the family and professionals interact to exchange general impressions of the child based on the evaluation, reflect upon the evaluation process, and plan next steps.
4. The family and professionals discuss, analyze, and synthesize all information gathered during the evaluation process, to summarize the child's functional skills, strengths, and needs while keeping the family's resources, priorities, and concerns in mind.	4A. Continue to support family choice and involvement in the process by: a. families and professionals mutually planning the format for sharing evaluation results. b. revisiting the family's initial concerns, priorities, goals, and the mutual purpose of the evaluation. 4B. Discuss formal and informal evaluation results in an interactional manner that encourages a view of the whole child within the context of the family. 4C. Evaluation results are provided to the family verbally and in writing in a manner that is clearly understood by the family and is free of jargon. 4D. Clarify any questions or concerns arising from the discussion of results. 4E. The family and professionals begin to summarize strengths and needs of the child within the context of the family in preparation for the development of the individualized plan.

5. The family and professionals develop an individualized plan to include a range of options, to enhance the child's development, encourage access to community services and supports available to all children to meet the child's educational needs and to support the family's resources, priorities, and concerns.

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5A. For all children birth through five years <u>regardless of eligibility</u>, written documentation should be developed with the family to outline the child's level of functioning, strengths, needs, and provide information on an array of community service and support options.

5B. If a child is birth through two years, and meets criteria under Colorado's infant definition, guidelines for the IFSP process must be followed.

5C. If a child is three - five years, and meets criteria under Colorado's preschool definition, the IEP process or by local choice an IFSP process may be followed.

5D. For all eligible children birth through five years, for whom an IFSP or an IEP is developed, an identified team member will facilitate linkages between the family and agency representatives to ensure transition and implementation into recommended community services and supports.

5E. Families of children birth through two years must be informed of their entitlement to service and support coordination. A service and support coordinator, selected by the family, must be designated at the time of the IFSP development.

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HEARING AND VISION SCREENING CHART[1]		
FUNCTION	AGE OF CHILD	SCREENING INSTRUMENTS/METHOD
HEARING ACUITY (Choose one.)	6 mo. to 2 1/2 yrs.	Visual Reinforcement Audiometry (VRA)
	2 1/2 yrs. to 5 yrs.	Audiometer or VRA
MIDDLE EAR FUNCTIONING	Children of all ages	Tympanometer
GENERAL VISION	Children of all ages	Light Perception
	Children of all ages	Corneal Light Reflex
	6 mos. to 2 1/2 yrs.	Fixation
	6 mos. to 5 yrs.	Strabismus (Cover Test)
VISION ACUITY[2] (Choose one.)	27 mos. to 30 mos.	Lave Symbol Chart
	2 1/2 yrs.	Allen Picture Cards/DDST
	3 yrs. to 5 yrs.	Snellen "E" Test
		Home Eye Test for Preschoolers
		Blackbird Preschool Vision System
		HOTV or Matching Symbol

[1] See Appendix for details on administration of hearing and vision screening instruments.

[2] For children 2 1/2 years or older, depending on the child's language level. The instrument used should be chosen based upon an estimate of the child's developmental language age, not the chronological age.

COLORADO DEPARTMENT OF EDUCATION
CHILD IDENTIFICATION PROCESS

FREQUENTLY ASKED QUESTIONS

1. WHAT IS MEANT BY FAMILY-CENTERED?

Use of the term "family-centered" implies a shift from focusing on the child and his/her needs to viewing the child as a part of a family. Th. broadens the scope of practice in the Child Identification Process by going beyond screening or evaluating the child and sharing results with th. :amily, to including family members as partners throughout the process, to the extent they have chosen. This presupposes that families' concerns, priorities, and resources play a significant role in developing outcomes for their children. Family-centered practices encourage and support family members as key team players and informed decision-makers.

2. WHY IS PARENT PARTICIPATION HIGHLIGHTED AND ENCOURAGED THROUGHOUT THE PROCESS?

A review of current literature regarding best practices in early intervention certainly supports parent involvement and participation as one of the key predictors of positive outcomes for children. Consistent with a "family-centered" approach, viewing parents as active participating members of a team supports their role as primary change agents in their child's life.

3. CAN THE REFERENCE TO "PARENT" BE USED IN A BROADER CONTEXT?

The words "parent," "family" and "family member" are used frequently throughout this document. It is recognized that family constellations have taken on a variety of forms; therefore, we would like to acknowledge that reference to these words can and should take on a much broader context, i.e., grandparent, aunt, child care provider, etc. However it is recommended that, when a child is referred for an "Individualized Screen" or "Evaluation," a parent or legal guardian be one of the participating family members, due to the decisions that need to be made f· ·he child.

4. DOES A CHILD NEED TO PARTICIPATE IN ALL THREE PROCEDURES DESCRIBED IN THE GUIDELINES?

No. A child can enter at any point in the process, which can be determined by information provided by the parent or available from a previous screen and/or evaluation. A child may be referred directly for an "Evaluation" or be referred for an "Evaluation" directly following a "Community Screen." Depending on current information available, a child could be referred directly for an IFSP/IEP. Children are not expected to go through all three procedures described unless an exceptional circumstance occurs.

5. IS IT EXPECTED THAT EVERY COMMUNITY WILL ESTABLISH A "COMMUNITY SCREEN" PROCESS?

It is recommended that screening be accessible to all children in a community, which is the intent of the "Community Screen" process. Not all communities may choose to have screening available to all children. The local interagency group could make that decision by examining their values and mission and by evaluating the effectiveness of the community's current child identification efforts.

6. CAN PARAPROFESSIONALS BE UTILIZED DURING THE CHILD IDENTIFICATION PROCESS?

Trained paraprofessionals may be used to assist with the implementation of the "Community Screen" process. This decision would be influenced by available community resources and the screening instrument chosen for the screening process. Please refer to the Screening section of the "Effectiveness Indicators" which provides information regarding the knowledge base for personnel used during a screening process.

7. DOES A CHILD'S HEARING AND VISION NEED TO BE SCREENED MORE THAN ONCE?

No. Though a child may enter at any point in the Child Identification Process, or go through more than one procedure (i.e., Community Screen, Individualized Screen or Evaluation), a hearing and vision screen need only be completed once.* If the child does not pass the hearing or vision screen, referral for a more complete hearing/vision evaluation is essential. (*Reminder: Hearing/vision screenings are considered current if completed within the previous six months depending on medical history.)

8. WHY IS THE USE OF STANDARDIZED INSTRUMENTS RECOMMENDED THROUGHOUT THE GUIDELINES?

The use of standardized instruments addresses the need for some consistency throughout the state in relationship to reliability and validity of testing outcomes. That is, a child can be screened or evaluated in any given community or program and a family be given similar information about their child's development; and, individuals are testing what it is they say they are testing.

The use of standardized instruments in the "Evaluation Process" specifically supports eligibility guidelines for Colorado's Infant and Preschool definitions. However, it should be noted that flexibility in the use of standardized instruments is addressed through the content of the *guidelines*. For example, if an appropriate screening or evaluation instrument is not available for a child due to the incompatibility of an instrument's standardization sample to a child's cultural background, alternative techniques need to be examined. Also, if a child is categorically eligible under Colorado's Infant and Preschool definitions, standardized instruments are not needed to determine a child eligible for services.

9. IS THE INTENT OF THE EVALUATION PROCESS TO DETERMINE A CHILD ELIGIBLE FOR A SPECIFIC PROGRAM?

Eligibility determination for a specific program may be a by-product of the evaluation process; however, the purpose of the process is to determine the child's current level of functioning, identify strengths and needs of the child, as well as the family's resources, priorities and concerns. Taking all this into consideration, appropriate **options** for intervention are then identified to assist the family in making an informed decision regarding programs and settings that may best meet the needs of their child.

GLOSSARY OF TERMS

Birth History: Information from the parent concerning significant prenatal, birth, and postnatal events surrounding the birth of a child.

Community Screen: A child-centered process that encourages family involvement. The process is open and easily accessible to all members of the community, and screens all children in all areas of development to: (1) enhance information sharing related to child development and parenting practices; (2) enhance child and family linkages with public and private community services and supports; and (3) identify children with potential delays/disabilities for whom rescreening or evaluation is a reasonable next step.

Community Service and Support Options (both public and private): Any individual, group, program or natural resource in the community that has the potential of strengthening, promoting, or advocating for the family and/or child.

Cultural Differences/Diverse Values: Those beliefs, interpersonal styles, attitudes, and behaviors, both of families and service providers, that are part of a person's culture which elicits sensitivity and respect.

Developmental History: Information from the parent concerning significant developmental events in a child's life.

Evaluation: The process used by a team, including the family, to: (1) determine the child's current level of functioning, strengths and needs in all areas of development; (2) identify the family's resources, priorities, and concerns; (3) establish the child's eligibility for services; and (4) identify an array of public and private community service and support options (specialized and non-specialized resources), for the child and family, that will enhance the development of the child.

Health History: Information from the parent concerning significant health events in the child's life.

Holistic View of the Child: A view of the child that considers all of the domains of development; the strengths, needs, and interests of the child; the family's perceptions of the child; the performance of the child in a variety of environments and with a variety of people, including the home and other environments, that are familiar to the child and family.

Individualized Screen: A family-oriented process intended for those children who may be at a higher risk for having a delay/disability. Children are screened in all areas of development to: (1) obtain a more complete picture of family strengths and concerns; (2) enhance information sharing related to child development and parenting practices; (3) enhance child and family linkages with public and private community services and supports; and (4) determine the child's need for evaluation.

Informal Screening and Evaluation Processes: Informal screening and evaluation processes may include an interview of the child's family (in the family's primary language); observations of the child in his/her familiar environments using, for example, developmental checklists, language samples, behavioral records, observation of parent-child interaction, observation of child at play, etc.

Informed Clinical Opinion: The consensus of an early intervention team consisting of the parent(s) of the child and at least two early childhood professionals who are appropriately certified in their area of expertise, who together, after a comprehensive assessment process utilizing qualitative and quantitative, formal and informal sources of information, reach an "informed" conclusion about a child's developmental status which describes the child's abilities and needs within his/her natural environment.

If, in the opinion of the whole team, a standardized instrument is not useful or appropriate, informed clinical opinion may be used alone as an adequate option for interpreting the child's development, and need not be supported with a standardized score. Appropriate documentation of informed clinical opinion is met when the information from the assessment process is recorded in the child's records, including a written statement by the two properly certificated professionals explaining why utilization of a standardized score is not adequate for appropriately describing the child's abilities. Written explanation of the clinical opinion is also necessary to provide interpretation of the collected base line information.

The professional may use any or all of the following: clinical interviews with parents, evaluation of the child at play, observation of parent-child interaction, information from teachers or child care providers, and neurodevelopmental or other physical examinations. Information from all these sources is synthesized to become "informed clinical opinion" of an individual child; the opinion should reflect a meaningful assessment of the individual child's development and family concern, priorities, and resources. (Source: Colorado's Year VI Part H Application)

Legal Guardian: A person designated by the courts to act in the place of the parent(s) in making legal decisions about the child.

Parent/Family: It is recognized that family structures have taken on a variety of forms, therefore, it is acknowledged that reference to these words can and should take on a much broader context, i.e., grandparent, aunt, child care provider, etc.

Primary Language: The language that is predominately used by an individual or family.

Specialized and Nonspecialized Services: Specialized services are those agencies/programs in the community that are designated by state and federal agencies to provide specific services for children with special needs and their families. Nonspecialized services are all other programs or natural resources in the community that may provide assistance/support to families, (recreational programs, for example) but have not been designated by state or federal agencies as providing specific services for children with special needs and their families.

Standardized or Norm Referenced Instrument: An instrument that has a systematic sample of children's performance obtained under prescribed conditions, scored according to definite rules, and capable of evaluation by reference to normative information. "The purpose of standardization is to ensure that all children expected to perform the same tasks with the same set of materials, receive the same amount of assistance from the evaluator, and are evaluated according to the standard set of criteria", p. 22 (Bailey, D. and Brochin, A., 1989).

Standardized Parent Inventory of Child Development: A norm referenced questionnaire that asks questions about a child's current level of functioning in various domains. It is completed by the parent alone or by the parent being interviewed by another individual. (See "Standardized Instrument")

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